

Vermont Department of Education Office of Licensing and Professional Standards 120 State Street Montpelier, VT 05620-2501 (802) 828-2445

## Name/Address Change Form

From:

Licensing Office

Fax To:

Vermont Departmen	nt of Education		
Fax Number: (802) 828-5107			
Date:			
Re: Name/Address Cha	ange		
PRINT CLEARLY OR TYPE Y	YOUR REQUEST, ESPECIALLY	IF YOUR FORM WILL BE FA	AXED.
ILLEGIBLI	E CHANGE FORMS WILL NOT	BE PROCESSED.	
First Name on file:Last Name on file:			
(Changes cannot be made without this numb Any previous name(s) under which	n you may have been licensed	l in the past	
I authorize the Licensing Office to	make the following changes	s in my permanent file.	
Signed	Date _		_
☐ Change my name to: First		Last Name	
☐ Change my address to:			

## E-mail address:

doe-licensinginfo@state.vt.us Fax: 802-828-5107

## **Mailing Address:**

Licensing Office Vermont Department of Education 120 State Street Montpelier, VT 05620-2501

1 Name-Address Change 2008